COUNTY OF KENDALL
OFFICE OF THE COUNTY CLERK
111 WEST FOX STREET
YORKVILLE, ILLINOIS 60560

SUPPLEMENTARY CERTIFICATE OF OWNERSHIP OF BUSINESS [CHANGE OF ADDRESS]

On the ____day of_____A.D._____, the original Certificate of Ownership

No._____, was filed for:

NAME OF FIRM:_____

LOCATION:_____

SIGNATURE OF OWNER:_____

On the _____day of _____A.D._____, the address (es) where said **business is**

carried on was changed FROM: _____

TO (NEW ADDRESS): _____

On the _____day of _____A.D._____, the following person (s):_____

_____

doing business under the above assumed name, changed their **residence from**;

OLD ADDRESS: _____

NEW ADDRESS: _____

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STATE OF ILLINOIS)
) SS
COUNTY OF KENDALL)

This is to certify that the undersigned, upon oath deposes and says that the foregoing is a true and correct supplementary report for the change of address in the above named firm.

_____ _____
(SIGNATURE) (SIGNATURE)

Subscribed and sworn to before me this_____day of_____A.D. 20 _____

_____
Notary Public or County Clerk

NOTE: Change of Address does not require publication.

FILING FEE OF $5.00 APPLIES